

Nebraska Health & Human Services System  
Regulation and Licensure  
Public Health Assurance Division

# HIV/AIDS Surveillance Report

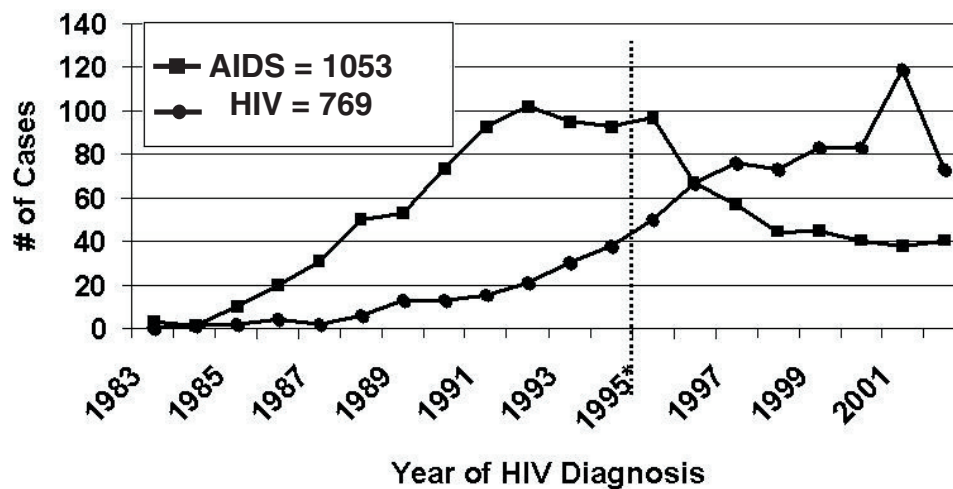
## END OF YEAR REPORT

Volume 9

Contains data from reports received through December 31, 2003

Number 2

### Number of cases by year of HIV diagnosis for both HIV and AIDS cases diagnosed between 1/1983 and 12/2002, N = 1822



\*HIV reporting by name was implemented in July 1995

This graph compares the trends for HIV and AIDS in Nebraska over time. The AIDS line of this graph includes cases who first learned of their HIV infection when they were diagnosed with AIDS. The second line includes cases who first learned of their HIV infection when they were diagnosed with HIV, not AIDS. The HIV numbers include those HIV cases that have now progressed to AIDS, as well as those remaining classified as HIV only.

There was an increase in AIDS cases diagnosed through 1993, reaching a high of 98 cases before declining to 40 cases in 2002. This decreasing trend is explained mostly by the increase in the number of drugs available to treat persons with HIV and AIDS. This has helped persons with HIV to be healthier and less likely to progress to AIDS, the end stage of HIV infection.

There has been a steady increase in the number of persons first diagnosed with HIV, every year since 1989, reaching a high of 79 cases in 2000. The number of HIV cases increased to 118 cases in 2001, before falling to 76 cases in 2002. This remarkable increase in one year, from 2000 to 2001 can be explained by the NHHS HIV Prevention Program's increased initiatives to target more high-risk persons at the federally funded counseling and testing sites. The decrease in 2002 to 72 cases can be attributed in part to delays in reporting.

### Reporting Regulations Revised

Nebraska's communicable disease regulations have been revised and were effective January 28, 2001.

- Health care providers are now required to report any pregnant woman with HIV disease receiving medical care as well as any child under 19 months of age who was born to a woman with HIV disease.
- Laboratories must now report positive confirmed HIV antibody test results and CD4 counts under 800, HIV indeterminate Western blot results, HIV RNA PCR viral loads that are detectable or below detectable limits, as well as positive results from HIV PCR DNA tests, HIV p-24 antigen tests, and HIV viral cultures.

## HIV Disease Cases (not AIDS)<sup>b</sup>

DEMOGRAPHIC CATEGORIES		YEAR <sup>a</sup> REPORTED					TOTAL	
		Pre-2000 <sup>c</sup>	2000	2001	2002	2003	Number	%
SEX	Male	290	38	62	34	36	460	76
	Female	88	13	18	14	4	143	24
AGE	under 5 yrs.	*	*	*	*	*	4	1
	5 to 12 yrs.	*	*	*	*	*	*	1
	13 to 19 yrs.	10	*	*	*	4	21	3
	20 to 29 yrs.	131	16	30	16	17	210	35
	30 to 39 yrs.	155	22	30	18	13	238	39
	40 to 49 yrs.	60	8	12	9	9	98	16
	50 yrs. and older	16	*	5	*	*	29	5
RACE	White	253	22	49	23	19	366	61
	Black	86	16	18	12	15	147	24
	Hispanic	27	10	11	11	9	68	11
	Asian	*	*	*	*	*	6	1
	Native American	10	*	*	*	*	16	3
	Other/Unknown	*	*	*	*	*	*	0
RISK	Men who have sex with men (MSM)	167	25	34	20	18	264	44
	Injecting drug use (IDU)	45	*	7	5	*	62	10
	MSM/IDU	30	*	*	4	*	40	7
	Adult treatment for hemophilia	4	*	*	*	*	4	1
	Transfusion	*	*	*	*	*	7	1
	Heterosexual Contact	67	10	14	5	*	98	16
	Pediatric	6	*	*	*	*	7	1
	Risk Not Identified	57	10	21	13	20	121	20
TOTAL HIV CASES BY YEAR		378	51	80	47	47	603	100

### Technical Notes:

This table represents persons reported with HIV disease (not yet AIDS) from hospitals, physicians and laboratories. It may not include all persons living in Nebraska who have HIV disease. Many persons with HIV disease have not sought testing and are not aware of their status.

These numbers do not include those persons who have chosen to be tested anonymously at State-funded counseling and testing sites.

Some HIV disease cases diagnosed prior to 1995 are included in this table. They represent persons who sought testing and/or treatment in Nebraska prior to the implementation of HIV reporting in 1995. These numbers may not represent all such persons, since retroactive reporting is voluntary on the part of hospitals, physicians and laboratories.

If the initial report by a physician indicated that the patient at that time had AIDS, that person is included in the AIDS Morbidity table on the next page.

When a person is initially reported with HIV disease, then later diagnosed with AIDS, that person is deleted from this table and added to the table on the next page.

### In the Risk Categories

Heterosexual Contact includes heterosexuals who know that one or more of their sex partners:

- used injection drugs,
- was a man who had sex with men,
- was a person with hemophilia,
- received blood transfusion or transplant and is diagnosed with HIV or AIDS,
- or is a person diagnosed with HIV or AIDS, risk not specified

Pediatric includes persons less than 13 years of age.

Risk not identified includes:

- persons whose risk was not identified at time of initial report,
- persons who died before risk could be determined,
- persons who were lost to follow-up,
- persons who declined interview, and
- persons who do not report one of the other exposures after interview

Sometimes two or more exposures are reported for one case. This table is consistent with the CDC hierarchy of exposures.

\*Total number of reported HIV or AIDS cases are three or less. Number of cases less than 4 are not entered to protect the privacy of individuals with HIV disease.

<sup>a</sup>Cases reported during any given year may have been diagnosed in previous years, therefore these data are not suitable for trend analysis.

<sup>b</sup>The total for each demographic category equals the total for each column.

<sup>c</sup>The effective date for HIV reporting in Nebraska was July 10, 1995; implementation of active HIV surveillance was September, 1995.

## How to Report HIV/AIDS/CD4+ Counts

### Physicians, hospitals and labs in Douglas County:

send reports to:

Epidemiologist  
Douglas County Health Department  
1819 Farnam Street, Room 401  
Omaha, Nebraska 68183  
**To be opened by addressee only**

For information call: 402-444-7214

### Physicians, hospitals and labs in Lancaster County:

send reports to:

Communicable Disease Coordinator  
Lincoln-Lancaster County Health Department  
3140 N Street  
Lincoln, Nebraska 68510-1514  
**To be opened by addressee only**

For information call: 402-441-8053

### Physicians, hospitals and labs in all other counties:

send reports to:

Nebraska Department of Health & Human Services  
Tina Brubaker, Surveillance Coordinator  
Department of Regulation & Licensure  
Communicable Disease  
P.O. Box 95007  
Lincoln, Nebraska 68509-5007  
**To be opened by addressee only**  
For information call: 402-471-0360

To obtain HIV reporting forms, for general surveillance information, for assistance in determining HIV/AIDS case criteria, or to initiate a report, call: Tina Brubaker at 402-471-0360

## AIDS Morbidity<sup>a,b</sup>

DEMOGRAPHIC CATEGORIES		YEAR REPORTED								TOTAL	
		Pre-1997	1997	1998	1999	2000	2001	2002	2003	Number	%
SEX	Male	705	69	60	51	58	62	53	48	1106	85
	Female	81	21	11	13	21	11	18	12	188	15
AGE	under 5 yrs.	8	*	*	*	*	*	*	*	9	1
	5 to 12 yrs.	*	*	*	*	*	*	*	*	1	0
	13 to 19 yrs.	6	*	*	*	*	*	*	*	8	1
	20 to 29 yrs.	189	22	9	7	12	19	8	7	273	21
	30 to 39 yrs.	363	41	31	34	40	28	32	32	601	46
	40 to 49 yrs.	166	19	19	14	21	16	22	14	291	22
	50 yrs. and older	53	7	12	8	6	9	9	7	111	9
RACE	White	602	59	43	41	41	32	34	28	880	68
	Black	128	19	14	11	19	25	28	13	257	20
	Hispanic	46	10	12	9	17	14	7	14	129	10
	Asian	*	*	*	*	*	*	*	*	8	1
	Native American	7	*	*	*	*	*	*	*	19	1
	Other/Unknown/Multi-Not Hispanic	*	*	*	*	*	*	*	*	1	0
RISK	Men who have sex with men (MSM)	473	42	32	29	35	26	30	26	688	53
	Injecting drug use (IDU)	73	9	8	6	13	10	9	8	136	11
	MSM/IDU	79	7	11	5	5	6	5	5	123	10
	Adult treatment for hemophilia	29	2	0	1	0	0	0	0	32	2
	Transfusion	17	0	1	2	1	2	1	0	24	2
	Heterosexual Contact	54	14	9	14	12	9	8	9	129	10
	Pediatric	14	0	0	1	0	0	0	0	15	1
	Risk Not Identified	47	16	10	6	13	20	18	17	147	11
TOTAL AIDS CASES BY YEAR		786	90	71	64	79	73	71	60	1294	100

\*Total number of reported HIV or AIDS cases are three or less. Number of cases less than 4 are not entered to protect the privacy of individuals with HIV disease.

<sup>a</sup>Cases reported during any given year may have been diagnosed in previous years, therefore these data are not suitable for trend analysis.

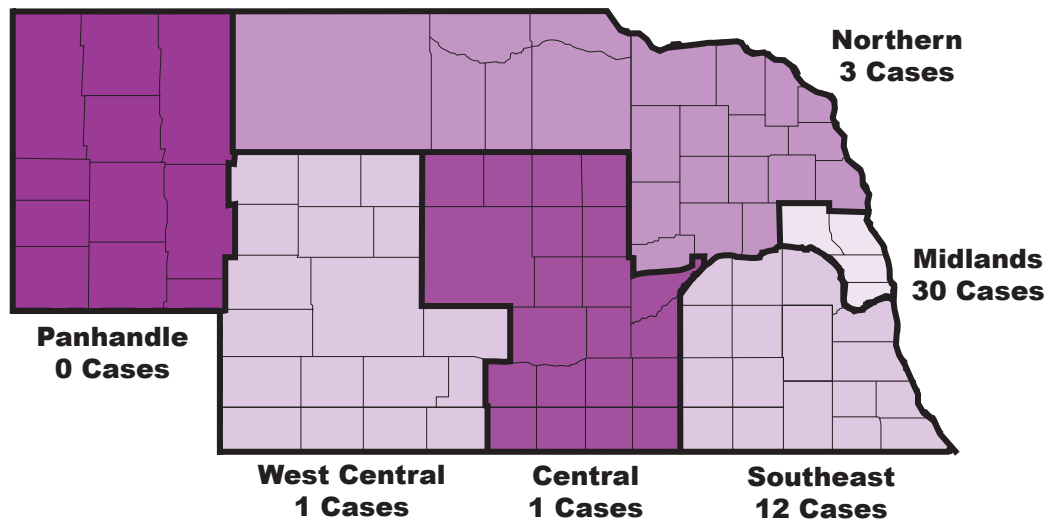
<sup>b</sup>The total for each demographic category equals the total for each column.

Data collection and publication are made possible through funding from The Centers for Disease Control and Prevention,  
U.S. Department of Health & Human Services, under Cooperative Agreement U62/CCU706242

## AIDS Mortality

STATUS	Pre-1997	1997	1998	1999	2000	2001	2002	2003	TOTAL
Known to be Dead	609	29	19	13	16	7	11	2	706
Alive/Status Unknown	177	61	52	51	63	66	60	58	588
TOTAL AIDS CASES BY YEAR	786	90	71	64	79	73	71	31	1294

## Number of HIV Cases Reported in Nebraska in 2003 by Health Planning Region



**Statewide Total = 47 cases**

The number of cases per region represent Nebraska residents newly diagnosed with HIV infection who were reported in 2003. There may be other HIV cases living in a region.

HIV/AIDS Surveillance Program  
Nebraska Department of Health and Human Services - Regulation & Licensure

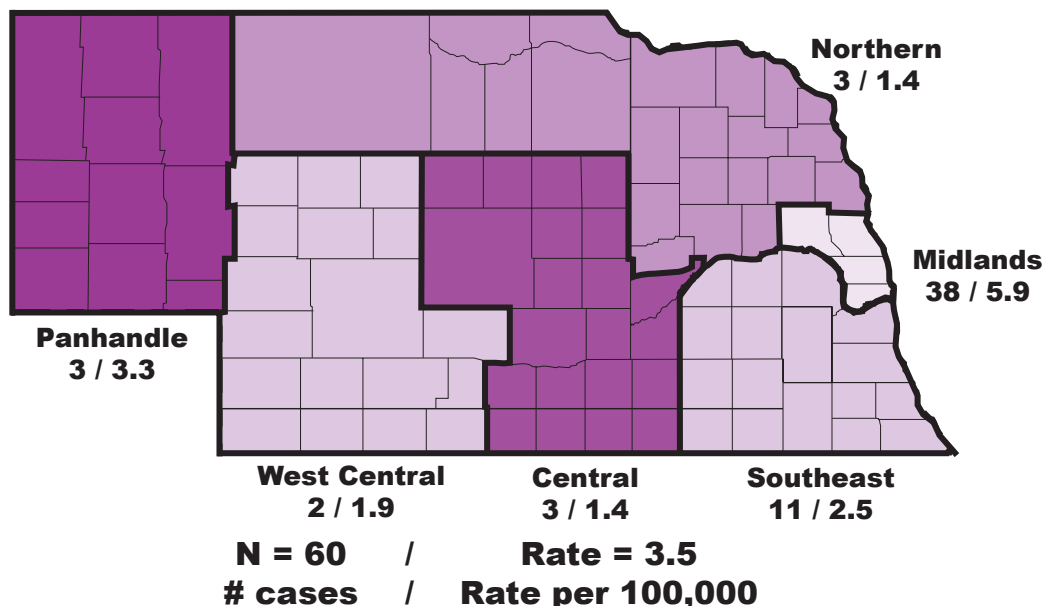
Rates are calculated by dividing the total number of HIV infections or reported AIDS cases which occurred in the population during a specified period of time (*i.e.*, the numerator) by the total population (*i.e.*, the denominator) and then multiplied by 100,000.

Rates *cannot* be calculated for HIV because the number of HIV cases reported is incomplete and represents only the number of persons found to be HIV-infected by confidential HIV-antibody testing. These numbers do not include HIV-infected persons who have tested anonymously or who have not sought testing.

Rates *can* be calculated for AIDS incidence because most persons with AIDS seek medical care and are then reported as cases by their health professionals. Therefore, because of the completeness of reporting, the number of reported AIDS cases is considered representative of all persons *with AIDS* in Nebraska.

In order to provide a *minimum* estimate of the number of persons in Nebraska known to be HIV infected as of a certain date, HIV reporting data and AIDS data (including mortality data), as of that date, can be added together.

## Number of AIDS Cases Reported in Nebraska in 2003 by Health Planning Region



The number of cases per region represent Nebraska residents newly diagnosed with AIDS who were reported in 2003. There may be other AIDS cases living in a region.

HIV/AIDS Surveillance Program  
Nebraska Department of Health and Human Services - Regulation & Licensure

## Confidential and Anonymous HIV Testing Options:

“A person seeking a human immunodeficiency virus test shall have the right to remain anonymous. A health care provider shall confidentially refer such person to a site which provides anonymous testing.” (Nebraska Revised Statute 71-531, Section 3 - note exceptions)

Both confidential (with name) and anonymous testing (without name) are allowed **at** state-funded **Counseling, Testing, Referral and Partner Counseling (CTR/PCRS) sites**. Physicians ordering HIV testing in all other settings may offer confidential testing only but can refer patients to CTRPN sites for anonymous testing at the patient’s request.

Anonymous test results are not included in Nebraska’s HIV/AIDS *Morbidity/Mortality Report*. CDC does not accept anonymous test results as cases.

### Locations of CTRPN Sites in Nebraska

Chadron	Western Community Health Resources*	308-432-8979
Columbus	Platte/Colfax County Health Department	402-562-9000
Fremont	Fremont Family Planning	402-727-5336
Gering	Panhandle Community Health Services	308-632-2540
Grand Island	Grand Island/Hall County Department of Health	308-385-5175
Grand Island	Central Health Center	308-384-7625
Hastings	Hastings Family Planning*	402-463-5687
Kearney	Central Health Center	308-234-9140
Kearney	Nebraska Department of Health and Human Services	308-865-5609
Kearney	Nebraska AIDS Project	308-338-8308
Lincoln	Cornerstone Church	402-476-0355
Lincoln	Cornerstone/University Health Center	402-472-7447
Lincoln	Lighthouse (ages 13 - 18 only)	402-475-3220
Lincoln	Lincoln-Lancaster County Health Department*	402-441-8065
Macy	Carl T. Curtis Health Center (Tribal Members)	402-837-5381
McCook	Peoples Family Health Services	308-345-3626
Norfolk	Nebraska Department of Health and Human Services	402-668-7491
Norfolk	Norfolk Family Planning	402-370-4238
Norfolk	Nebraska AIDS Project	402-370-4238
North Platte	Region II Drug and Alcohol (Great Plains Reg. Medical Ctr.)	308-535-7290
North Platte	People’s Family Health Services	308-534-3075
North Platte	West Central District Health Department	308-696-1201
North Platte	Nebraska Department of Health and Human Services	308-535-8134
Omaha	American Red Cross - North Omaha Branch	402-827-1690
Omaha	Charles Drew Health Clinic*	402-453-1433
Omaha	Douglas County Health Department*	402-444-7750
Omaha	Nebraska AIDS Project	402-552-9260
Omaha	UNO Student Health	402-554-2743
O’Neill	Central Nebraska Community Services	402-336-4298
Ogalalla	People’s Family Health	308-284-6141

\*STD Services Available



Department of Regulation and Licensure  
Communicable Disease  
HIV/AIDS Surveillance  
301 Centennial Mall South  
P.O. Box 95007  
Lincoln, NE 68509-5007

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This Report is available on the web at [www.hhs.state.ne.us/dpc/hiv.htm](http://www.hhs.state.ne.us/dpc/hiv.htm)

For information about preventing HIV disease, contact the Nebraska Department of Health & Human Services  
HIV/AIDS Prevention Program at 402-471-9098.

Nebraska Department of Health and Human Services - Regulation & Licensure  
HIV/AIDS Surveillance Program

\*Based on 2000 Census of U.S. Population

